

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	JMC	9/3/86	
O.I.P.E. CLASSIFIER	C	7/7	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	bw	64830	10-19

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	✓ J
2	✓ J
3	✓ J
4	✓ J
5	✓ ✓
6	✓ J
7	✓ ✓
8	✓ J
9	✓ ✓
10	✓ J
11	✓ J
12	✓ ✓
13	✓ J
14	✓ ✓
15	✓ ✓
16	✓ J
17	✓ ✓
18	✓ J
19	✓ J
20	✓ J
21	✓ J
22	✓ ✓
23	✓ J
24	✓ J
25	0
26	0
27	0
28	0
29	0
30	0
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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